

# KANSAS MENTAL HEALTH COALITION

.....*Speaking with one voice to meet the critical needs of people with mental illness*

## Adult Psychiatric Inpatient Services: The State Hospitals Crisis

**Position:** The Kansas Legislature should support and fully fund high-quality psychiatric inpatient services to meet the needs of all Kansans who require this care. Specifically, the Legislature should: 1) Restore the 206 beds at Osawatome State Hospital and end the moratorium on admissions, 2) Pursue re-certification as soon as possible, 3) Provide ongoing funding and support to replicate throughout the state the crisis stabilization services established at RSI serving Wyandotte and Johnson Counties and fund them into the future, 4) Empower the Kansas Department on Aging and Disability Services to produce a long-term plan to implement the recommendations of the Adult Continuum of Care Committee, and 5) Continue to fund public/ private partnerships for local psychiatric inpatient beds to alleviate the demand for state psychiatric hospital beds.

**The problem:** The state's psychiatric inpatient system is broken. Simply put, it does not have the capacity to meet the current demand to serve Kansans who need inpatient treatment. Osawatome State Hospital lost CMS certification, costing Kansas \$1 million per month in federal payments. Adding capacity to end the moratorium does not require recertification. The fact is, the current crisis was created over many years, with funding for facilities, training and salaries repeatedly delayed.

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**Why this matters:** Kansans who experience a mental health crisis need the care and treatment required to help stabilize them and allow them to return to the community. Of those who use our state hospitals, more than 70 percent do not have Medicaid or other forms of reimbursement, limiting their access to private hospital beds. All this underscores the need to support a state mental health hospital system as a safety net for those who experience a mental health crisis. Without that safety net, many of these individuals will become involved with law enforcement or be seen in emergency rooms, shifting the cost to other systems. Whether public or private, underfunded inpatient facilities are not safe for patients or staff and do not produce lasting recovery for patients. Now, the moratorium is putting Kansans at risk of harm.

The moratorium on admissions means people who are in crisis and at risk of harming themselves or others must wait for needed treatment. This is traumatic and unsafe for patients. Individuals in crisis should not be boarded in emergency rooms or waiting rooms. With no voluntary admissions at OSH, every individual must go through involuntary commitment. Kansas law enforcement and community hospitals identify the moratorium at Osawatome State Hospital as a crisis that needs to be resolved as soon as possible.

**The bottom line:** Kansas must develop a long-term strategic plan to guide the future of its psychiatric inpatient services. The problems with inpatient care can't be addressed without improving the community continuum of care. The Adult Continuum of Care Committee Report, 2015 recommended the 60 bed unit at OSH be restored as soon as possible and stated: "Before a final recommendation on the "right" number of available state hospital beds can be given, the gaps in care at lower levels of intensity and in the community must be addressed and additional community based housing resources must be developed."

**Need more information?** Drill deeper into this issue on the back of this page.

## **The rest of the story about psychiatric inpatient needs and the community based continuum of care**

**The system:** The Department for Aging & Disability Services (KDADS) operates two mental health hospitals: Osawatomie State Hospital (OSH) and Larned State Hospital (LSH). Together, these hospitals have approximately 310 beds. Over the last decade admissions to both hospitals have risen consistently.

**Some history:** In the 1950s, Kansas had more than 5,000 state hospital beds. Today, 94% of those beds no longer exist. This dramatic reduction in beds reflects a change in public mental health services from offering care and treatment through long-term institutionalization to providing care in the community with a goal of helping individuals live independent and fulfilling lives. Despite this shift, hospitals remain a critical part of the public mental health system. They not only help stabilize people experiencing a mental health crisis, but relieve the burden placed on local criminal justice systems, hospital emergency rooms, and other public safety agencies.

**The two State Mental Health Hospitals:** Larned State Hospital and Osawatomie State Hospital, have the capacity to serve an average daily census of 310 persons. (Closing Rainbow Mental Health Hospital in 2014 reduced the number of state hospital beds by 20.) Then, the construction remodel project forced Osawatomie State Hospital to reduce their beds to 146, which puts the statewide capacity at 250 persons. This gave OSH the capacity of 146 available beds to serve a population area of well over 1.5 million people. This was supposed to be a temporary reduction. Meanwhile, community based treatment options have not expanded to meet the outpatient, residential, housing, employment, and peer support needs of Kansans who need services for mental illness and/or addictions treatment.

**Development of Local, Accessible, Crisis Stabilization Services Statewide:** In April, 2014, KDADS implemented a contract with the Wyandot Center, in partnership with Johnson County Mental Health Center and the Heartland Regional Alcohol and Drug Assessment Center, which established the former Rainbow Mental Health Facility as a crisis stabilization center (Rainbow Services Inc., also known as RSI). This partnership effort includes 24-hour intake, assessment, and triage service; crisis observation beds; a short term crisis stabilization unit; and substance abuse sobering and detoxification services. The facility has capacity to serve up to 30 people in a 24-hour period, including 10 crisis stabilization beds for short-term stays. It also includes a strong focus on connecting individuals to community services and avoiding admissions to Osawatomie State Hospital. RSI provides a model for replication across the state of crisis stabilization services which could and should be available to all Kansas residents. Since opening in April, 2014, admissions to Osawatomie State Hospital from Wyandotte and Johnson Counties have been reduced by 40% compared to the same time period in the previous year.

**Adult Continuum of Care Committee Report, 2015** Excerpt: "Due to the limited capacity at the state hospitals and lack of resources in the communities, there has been increasing pressure to discharge patients quickly. Compounding this issue is a continuing challenge with staffing levels due to staff turnover, staff burnout and fatigue. There has been a reported shortage of staff to cover all of the hours, resulting in staff working overtime. These staffing challenges impact the outcomes seen with the current system. Additionally, the overall scarcity of psychiatrists or medication prescribers in Kansas seems to be adding to the staffing woes in hospitals. Kansas has not fully utilized options such as peer support programs within the hospital, and could invest in transition programs, housing or peer respite options for a more robust continuum to support individuals after discharge. **Action Plan – Develop a multi-faceted approach to develop a regional service array to better meet the needs of persons with behavioral health disorders outside of the state mental health hospitals.**"